07/20/2017 THU 9:29 PAX 8655942168 Dept of Health

Ø015/017

MEMEN) OF DEFICIENCES	E & MEDICAID SERVICES		- 1 COI IOMB	RM APPRO	
YD PLAN	OF CORRECTION	(X1) PROVIDER/SUPPH, IER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING		(X3) DATE SURVICE COMPLETED	
		445270	8. WING			
VAME OI'	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	07/10/2017	
rennes	SEE VETERANS HO	ME	[PO BOX 10299		
				MURFREESBORO, TN 37129		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DUFICIENCY MUST DE PRECEDED BY FULL		ID III	PROVIDINGS HI AN OF COORECTION		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET	
K 374 SS=E	NFPA 101 Subdivis Smoke Barrie	lon of Building Spaces -	K 374	4		
	Subdivision of Build	ing Spaces - Smoke Barrier			1 .	
	naote	and obsess - Ottoke Baltiet		j	İ	
	2012 EXISTING				1	
	Doors in smoke bar	riers are 1-3/4-inch thick solid				
	resists fire for 20 mil	doors or of construction that nutes. Nonrated protective			Ì	
	plates of unlimited h	eight are permitted. Doors			J	
	are permitted to hav	e fixed fire window		1.	1	
	assemblies per 8.5.	Doors are self-closing or		K374		
	Butomatic-closing, d	O not require latching and		No residents were affected by	- [
	eurese travet Door e	wing in the direction of		This finding, however all residents to		
	clear width of 32 incl	ppening provides a minimum hes for swinging or horizontal		Have the potential to be affected.	}	
	0001S.	í		Observation #1]	
	19.3.7.6, 19.3.7.8, 19	9.3.7.9		Maintenance installed door coordinator		
	President of the service	not met as evidenced by:	,	On 7/12/17 to make door compliant with	1	
- 1,	maintain the smoke	on, the facility falled to		NFPA 101All doors meeting this		
	Control of the Children	partier upors.		Requirement have been checked	İ	
- 1				By Maintenance and/ or	-	
]]	The findings include:	J		Administrator to ensure compliance.		
() () () () ()	1	in the same of the		Maintenance will continue to		
	r. Vestration on 07 Preside the 45 where	/10/2017 at 10:50 AM, te doors leading into the		Conduct door Inspections	7/12/1	
	ani ensw moon painil	tailed with an astragal that		Monthly for three months to		
	an prevent the non i	Clive door from closing	}	Ensure doors are compliant		
	apapie door eufeling	the dinning room next to		With standards.		
	he kilchen)		1	These findings will be	}	
	IFPA 101 103724	2012 Edition), NFPA 101,		Reported to QA&A x 1 month		
	.0.4.2 (2012 Edition)	NFPA 101, 8 2 2 4 /2042 1	ĺ	Observation #2 required a		
	:01000), NEPA 705, 4	.1.1 (2018 Edition) NEPA		Licensed contractor to perform	}	
	0, 6.4.1.2.1 (2010 E	dition)	į	UL approved	1	
,	Observation on Alle	annoth at an area.		Firestop system assembly.		
F€	. Ouselvalielt on U//	10/2017 at 11:35 AM,		This was completed on 7/18/17	7/18/17	
	oliowing penetrations	opping materials sealing the in the cross corridor wall by	1		1 611	
1		······································			1	

Any deficiency statement ending with an exterisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other asteguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

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CENTERS FOR MEDICAL STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROMOER/SUPPLER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING D1 - MAIN BUILDING		FORM APPROV DMB NO. 0938-03 (X3) DATE SURVEY COMPLETED	
		445270	D. WING		A.V.(4.0.10.40	
NAME OF PROVIDER OR SUPPLIER YENNESSEE VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 10299 MURFREESBORO, TN 37129		<u> 07/10/2017</u>	
(XA) ID PIREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING (NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	LE COMPLETO	
H v c v A (i 3 reserved to 4 reserved to 5 reserved to 6 r	oltage wires % inch metal sle oltage wires IFPA 19.3.7.3 (2012 2012 Edition) NFPA Observation on 07 evealed 2 penetratic ealed properly in the 23. NFPA 19.3.7.3 (.5,6.3 (2012 Edition) Observation on 07/ evealed a penetration ealed properly in the afrance to east wing dition) NFPA 101, 8. 01, 8.3.5.1 (2012 Edi Observation on 07/ evealed a hole improve e caulk) in the cross strance to east wing. Bition) NFPA 101, 8. 1, 8.3.2.2 (2012 Edi eintenence staff was ficiency was identifit	penetrations eve filled with a bundle of low eve filled with a bundle of low Edition) NFPA 101, 8.5.6.3 101, 8.3.5.1 (2012 Edition) //10/2017 at 11:42 AM, exists by ½ metal conduits not a cross corridor wall by room //2012 Edition) NFPA 101, NFPA 101, 8.3.5.1 (2012 //10/2017 at 11:48 AM, exists by ½ inch conduit not cross corridor wall at the NFPA 19.3.7.3 (2012 5.6.3 (2012 Edition) NFPA ition) 10/2017 at 11:48 AM, perly patched (hole coved in corridor wall at the NFPA 19.3.7.3 (2012 5.3 (2012 Edition) NFPA ition)	К 37.		7/18/17	